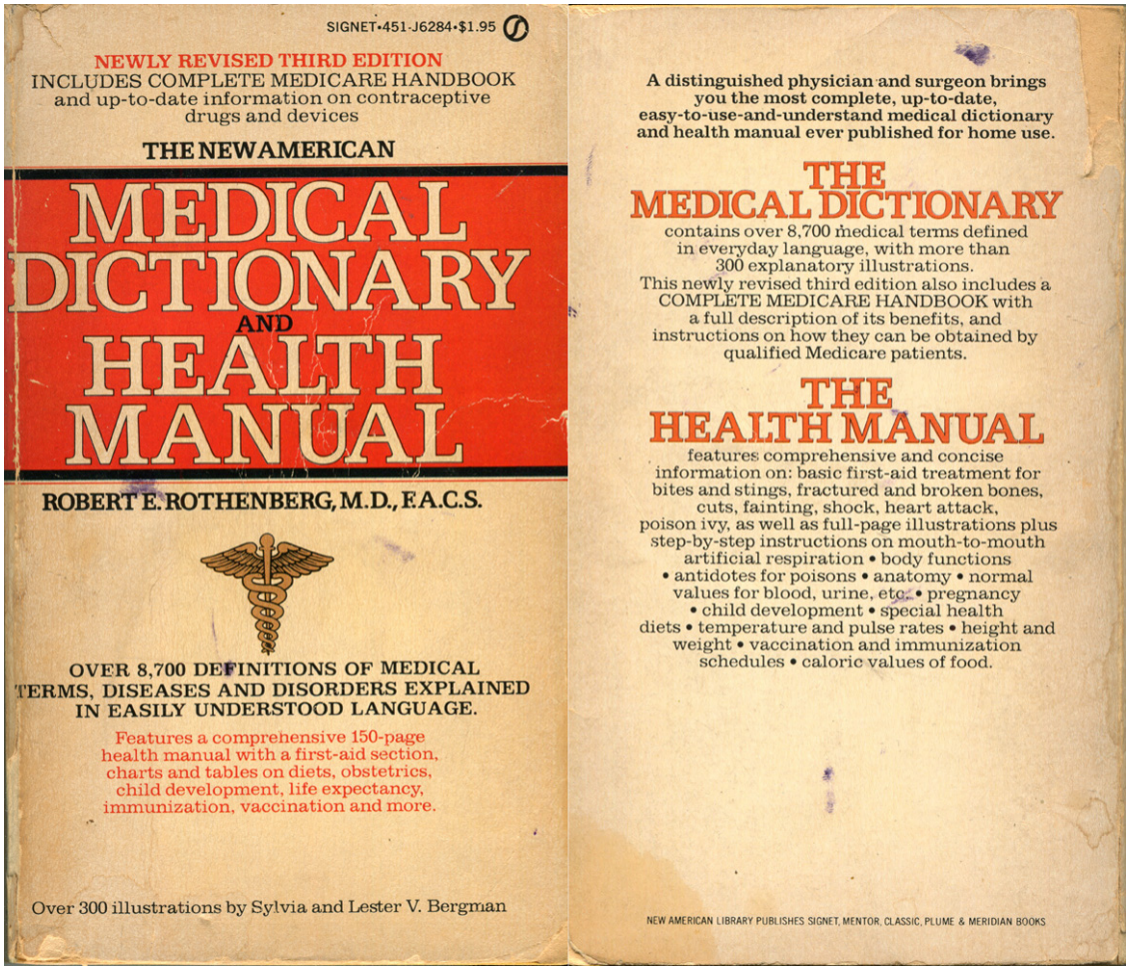


The New American Medical Dictionary And Health Manual
1962, 1968, 1975

Asiatic influenza A respiratory virus infection with rather severe symptoms resembling ordinary “grippe.”

epidemic A disease which simultaneously affects large numbers of people in a community.

grippe Mild influenza. An upper respiratory infection caused by a virus. Associated with running nose, sore throat and cough, temperature elevation and aches and pains throughout the body.

influenza Grippe. Flu. Asiatic influenza. A virus infection of the upper respiratory system.

influenza vaccine, Bivalent The vaccine is reportedly effective, for a short few weeks, in protecting against the influenza A and B viruses.

bivalent Able to combine with two atoms of hydrogen.

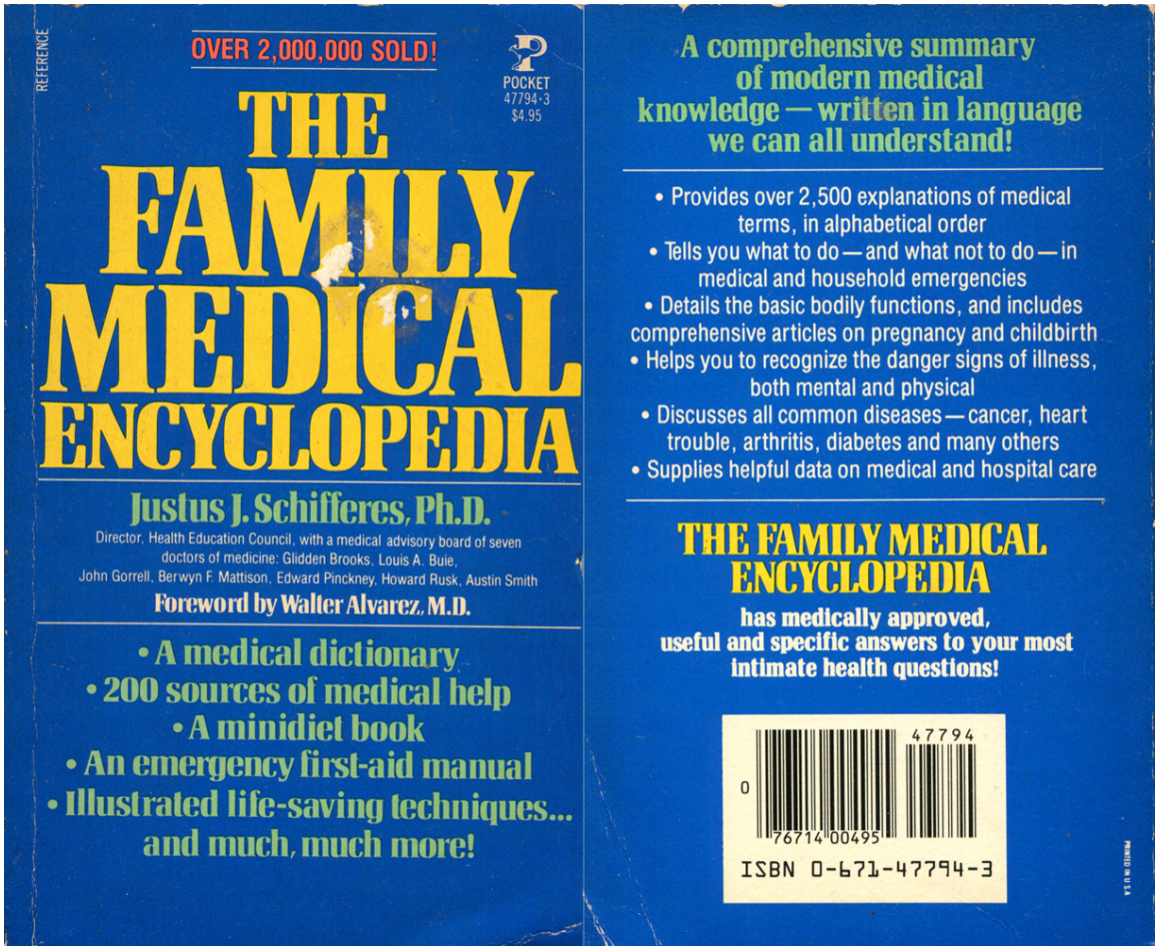
malaria A chronic parasitic disease transmitted by the bite of infected mosquitoes. The parasite lodges in the bloodstream, spleen, and other organs. It is accompanied by severe chills and fever at regular intervals.

pandemic disease A disease occurring in epidemic proportions covering a whole state or an entire country.

quinine A drug extracted from cinchona bark, specific in the treatment of malaria. Also used to relieve symptoms of grippe.

sulfa drugs A group of drugs (sulfonamides) which have remarkable powers in inhibiting the growth of certain infectious bacteria. Some of the most widely prescribed ones are: sulfadiazine, sulfaguanidine, sulfanilamide, sulfasuxidine, sulfathalidine, ect.

virus An organism, smaller than bacteria, capable of causing various infectious or contagious diseases. It can grow while living in the human body.



The Family Medical Encyclopedia 1959, 1977

Grippe Influenza.

Influenza Influenza is also known as flu or grippe – a virus disease that may attack the respiratory, nervous, or gastrointestinal system (“stomach flu”). Rarely fatal itself, it often opens the door to PNEUMONIA, eye and ear infections, and brain inflammations that do threaten life.

Influenza usually occurs in epidemic form, many people in a community being struck at the same time. The epidemic generally reaches its peak in 2 to 3 weeks, then subsides in another month or two. A devastating world-wide epidemic (pandemic) of influenza occurred in the summer and fall of 1918, killing somewhere between 6 and 10 million people, including a half million in the United States. No such widely fatal epidemic has since occurred.

Several different types of influenza virus have been identified. Attempts to produce a vaccine against the disease have not been too successful, partly because the virus seems to change character between epidemics.

The virus is spread by droplet infection, being sneezed, coughed, and talked out of the mouths, throats, lungs, and noses of people whom it infects. The influenza virus is around most of the time, harbored by many human beings. They fall ill when their resistance is lowered. Epidemics begin when circumstances for the spread of the virus are favorable.

What are the symptoms of influenza? Influenza usually comes on suddenly, after an incubation period of 12 to 72 hours. The victim usually feels quite sick and uncomfortable, unwilling to work, unable to play. The early symptoms may be much like those of a common cold, except that the running nose is less common and the feeling of weakness much greater. Other common complaints are headache, fatigue, drowsiness, general aches and pains, and chills and fever (usually not too high). A dry cough and painful eyes may also be present.

The course of the disease may run from 2 days to many weeks, and weakness persists for some time thereafter. Relapses often occur, and the patient is "softened up" for complicating infections.

How is influenza treated? The antibiotic and sulfa drugs that work against so many bacteria have no effect on the influenza virus. They may be given to control or ward off secondary invaders, especially the pneumococcus germ that causes pneumonia. The basic treatment for influenza is rest in bed, for as long as necessary to regain strength and avoid complications. The worst way to treat influenza is to fight it on your feet. Symptomatic treatment, which is still the best that can be offered to influenza victims, may also include aspirin, cough-control medicines, and sleeping pills.

Malaria Malaria is a mosquito-borne disease that remains the world's greatest public-health problem. Every year approximately 300,000,000 new cases of malaria occur and perhaps 3,000,000 people die of it (about 1% of the cases). While the disease has been practically eliminated from the United States, it continues as a scourge and menace in most tropical and subtropical countries.

Malaria has a long history. It was known to Hippocrates in the 4th century B.C.; it played a role in the decline and fall of the Roman Empire; it attacked a million Union soldiers during the American Civil War. However, the proof that it was transmitted from one human being to another by the bite of the *Anopheles* mosquito was not shown till the end of the 19th century. Credit for this discovery goes largely to Sir Ronald Ross, a British army surgeon stationed in India, and Battista Grassi, and Italian scientist. However, Alphonse Laveran had previously discovered the malaria parasite in the blood of patients (1880). Malaria has been known by many names, such as "jungle fever," "blackwater fever," (a very severe form of the disease), "marsh miasma," and "the ague."

The characteristic symptoms of malaria are shaking chills, high fever, and profuse sweating, often accompanied by headache, nausea, mental confusion and extreme thirst. The attacks, or paroxysms, are periodic; they usually begin in the early afternoon and last for several hours, after which the patient is free of symptoms until the next attack begins. The symptoms and their periodicity vary in accordance with the particular species of the malarial parasite present. The attacks may come on daily (quotidian), every other day (tertian), or at intervals of four days (quartan). Malaria wears its victims down, leaving them frail and exhausted. Because the parasite attacks the red blood cells, anemia and enlargement of the spleen are common consequences.

What causes malaria? The one-celled parasite (protozoon) that causes malaria belongs to the genus *Plasmodium*. The four species that affect man are named *P. vivax*, *P. falciparum*, *P. malariae*, and *P. ovale*. *P. vivax* is the cause of benign tertian malaria, the most common type of the disease; *P. falciparum*, of estivo-autumnal or subtertian malaria; *P. malariae*, of quartan malaria.

The malarial parasite has a complicated life cycle, which required a high order of scientific research to unravel. Human beings are, in fact, only intermediate hosts of the parasite; the *Anopheles* mosquito is the primary, or obligatory, host. The mosquito becomes infected by biting a person suffering from acute or chronic malaria at a time when the victim has the right proportion of male and female malarial parasites in his circulating blood. These forms mate in the stomach of the mosquito and produce a different (spore) form of the parasite (sporozoite). In about 10 days to 3 weeks these spore forms find their way into the salivary glands of the mosquito, from

which they can be transmitted to human beings by the bite of the mosquito. These spore forms develop, mature, and split up in the blood stream of the human being. It is this *repeated process*, beginning about 10 days to 2 weeks after the mosquito bite, that brings about the periodic attacks of chills and fever in the infected individual.

The treatment of malaria depended for centuries on the QUININE contained in the bark of certain trees. In 1926 the first of the synthetic antimalarial drugs, plasmochin (plasmoquine), was introduced in Germany and since then hundreds of synthetic antimalarials have been formulated. Among those which have been widely used are atabrine, quinacrine, primaquine, and chloroquin (chloroquine). These antimalarial drugs are used not only to treat active cases of malaria but also to suppress the symptoms of the disease. In the suppressive treatment the drug must be given over long periods of time because symptoms may return when the drug is discontinued.

The prevention of malaria depends upon individual vigilance against *Anopheles* mosquito bites, plus the taking of suppressive drugs, and wide-scale public-health measures directed at mosquito control. Theoretically the disease could be controlled if *Anopheles* mosquitoes could be kept from biting people who already harbor the malarial parasites. But this is not quite practical. In some areas 20% of the population harbors the parasites. The *Anopheles* mosquito roams abroad particularly in the early evening. Individual protection includes wearing of proper clothing (especially leg covering), application of strong insect repellants, use of mosquito netting inside and outside sleeping quarters, and tight screening of such quarters.

The World Health Organization (WHO) places malaria control high on its agenda. The public-health attack on the *Anopheles* mosquito and its larvae takes many forms. The draining and cleaning up of swamps, rain holes, and other breeding places, the spraying of such places with oils and insecticides, the introduction of fish that eat larvae – all these measures are important and must be repeated. However, the great new hope in mosquito control is found in the newer insecticides, of which DDT is the prototype. These have a residual action that lasts for a long time. The spray-painting at intervals of walls and ceilings of homes and other buildings where mosquitoes come to rest knocks the insects out by the millions and is a primary malaria control measure. See INSECTS.

Epidemic the widespread attack of a particular disease in a community. How many cases constitute an epidemic is not an easy question. Epidemic conditions (and dangers) are often exaggerated in newspaper reports. It is the specific business of *public-health* authorities to prevent epidemics of infections and communicable diseases and, if they do occur, to investigate them and enforce measures for their control. Many epidemics have a seasonal incidence (for example, influenza), and many are largely confined to particular groups (for example, an epidemic of mumps among children.

Pandemic very wide-scale EPIDEMIC. Influenza was pandemic in 1918; it swept across the whole United States and many countries in Europe.

Quinine cinchona bark; more exactly the bitter white alkaloid powder extracted from it. From the time of its introduction into Europe from South America, by the Countess of Cinchon in about 1640, until World War II, in 1940, quinine was the sovereign specific drug for treating all forms of MALARIA and was also commonly used to reduce fever in many other infectious diseases. See MALARIA.

Virus A virus is a tiny parasite living, growing and reproducing its kind *inside* a host CELL. When viruses damage or destroy the cells they invade, they produce *virus diseases*; polio, smallpox and rabies are typical examples. Viruses are the smallest MICROBES.

"Virus," or *"the virus,"* has also become a fashionable medical diagnosis. It is usually applied to minor disturbances of the stomach or intestines ("stomach flu") and to upper respiratory tract infections related to the COMMON COLD. It is as good an explanation as any for transitory infections, of unproved origin, which make a person feel miserable and weaken him for a considerable length of time.

There is no specific treatment for "the virus." The victim is well advised to go to bed and make himself comfortable until he feels better. Good nursing, a light but balanced diet, adequate fluid intake, and careful medical observation to see that no serious complications develop are what is required.

Nature of viruses. Viruses were first discovered in 1892 by a Russian scientist, D. Iwanowski, who noted infective agents that would pass through a filter that stopped ordinary bacteria. Hence they were originally called

filterable viruses. First to be discovered was the tobacco mosaic virus, a plant that puts spots on tobacco leaves.

In 1898, Loeffler and Frosch discovered the virus that causes hoof-and-mouth disease in cattle and in 1901, Walter Reed and his associates found the virus that causes yellow fever in man. Since then, a great many viruses, all parasites on the cells of plants, lower animals or human beings, have been identified. Viruses that are parasites on bacteria are called *bacteriophage* (phage).

Closely related to viruses are RICKETTSIA, microbes which are parasites on host cells but which are too large to pass through the porcelain filters that let viruses through. The principal rickettsial disease is TYPHUS.

The exact nature of viruses has not yet been settled. They are on the border-line between the living and the dead. A "live" virus can apparently be reconstituted out of inorganic chemicals (the tobacco mosaic virus) and will multiply or replicate itself within cells. This is the area where chemistry and biology seem to merge.

The crux of the matter appears to lie in the nucleus of the virus, made up of nucleic acid and nucleoproteins. The outer coat of the virus, which can be stripped, is a protein. The nucleic acids – chemicals – have a special configuration in their molecular form. They are twin spirals, like spiral springs, one turning to the right, the other to the left.

Under certain circumstances of virus reproduction, they split apart and then join together again. This is much the same process that occurs when the CHROMOSOMES in the nucleus of a living cell split apart and rejoin to form new cells (see HEREDITY). In other words, viruses act much like GENES, and greater similarities between them may be found. The process of wild multiplication of CANCER cells also has much in common with virus duplication.

How big are viruses? They are unbelievably small – millionths of an inch in length, breadth and thickness. The largest known virus, that of parrot fever (psittacosis) – measuring 450 millimicrons – is only about $1/20^{th}$ the size of a red blood cell. The smallest virus, that of hoof-and-mouth disease, measures only 10 millimicrons. The largest viruses are exceeded in size by some protein molecules.

The size and shape of viruses is now determined by electron microscope and X-ray procedures. Viruses come in all kinds of shapes – spheres, balls, ovals (egg-shaped), cubes, rhomboids, commas, and rods.

Techniques of TISSUE CULTURE, in which viruses are grown on living cells which are themselves growing in a nutrient (feeding) medium in glass tubes, have greatly enhanced virus research.

Virus infections engender a certain amount of immunity against subsequent re-infection with the same type of virus. In some cases immunity is high, as in polio-virus infections; in other cases, like the common cold, the immunity is temporary and limited. Some types of viruses induce the development of ANTIBODIES which protect against invasion by related viruses. That is how the cowpox induced by vaccination protects against SMALLPOX. See VACCINE.

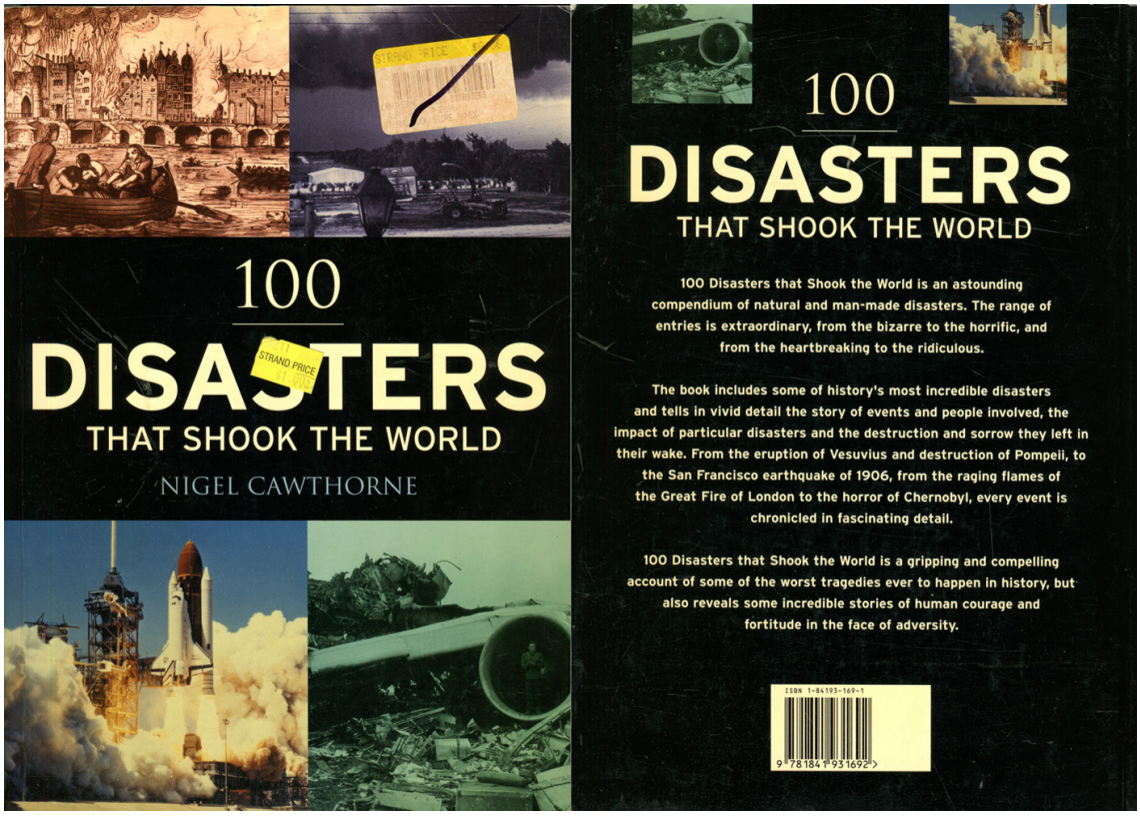
Viruses are spread in a variety of ways. Some virus diseases, like chickenpox and measles, are spread by contact or by droplets in the air. Rabies virus is transmitted only through a wound – the bite of a rabid animal. Many viruses are spread by insects; for example yellow fever and equine encephalitis virus. There is often a reservoir of virus infection in wild or domestic animals. Virus diseases are rarely spread by water, milk or food contaminated by virus.

Most viruses do not respond to drug and antibiotic treatment. Immune serum, from people who have had one attack of the virus disease, is often used to provide a passive IMMUNITY. This immunity is usually concentrated in the GAMMA GLOBULIN fraction of the blood.

Prevention of virus infection, or its damaging effects, is very often achieved by vaccines, killed or attenuated, made from the original infecting virus. Polio vaccine and yellow fever vaccine are notable examples. The control of insect vectors of virus diseases is also an important public health procedure.

Virus diseases. Among the most common virus diseases, discussed under their own names in this book, are: RABIES (hydrophobia), POLIO, the COMMON COLD, INFLUENZA, atypical virus PNEUMONIA, SMALLPOX, MEASLES, parrot fever (PSITTACOSIS), GERMAN MEASLES, CHICKEN POX, TRACHOMA and keratoconjunctivitis (EYE

TROUBLE), HERPES (SHINGLES), MUMPS, insect-borne ENCEPHALITIS, and YELLOW FEVER.



100 Disasters That Shook The World 2004

Spanish flu 1918 – 1919

The worldwide influenza epidemic of 1918-1919 was the worst outbreak of flu in the twentieth century and clocked up the largest death toll of any pandemic in human history.

It first appeared in early March 1918 at Camp Funston, Kansas, among US troops being trained to fight in World War I. When they went to France, they took the virus with them. The disease spread quickly and by July it had reached Poland. But this strain of the virus was comparatively mild. In August 1918, the virus seems to have mutated into a more lethal variety, killing its victims within two days. It was also more contagious. Six days after the first cases of influenza were reported at Camp Devens, Massachusetts, there were 6,674 on the sick list.

When World War I ended in November, troops returning home from Europe carried the virus around the world. At the height of the epidemic, New York

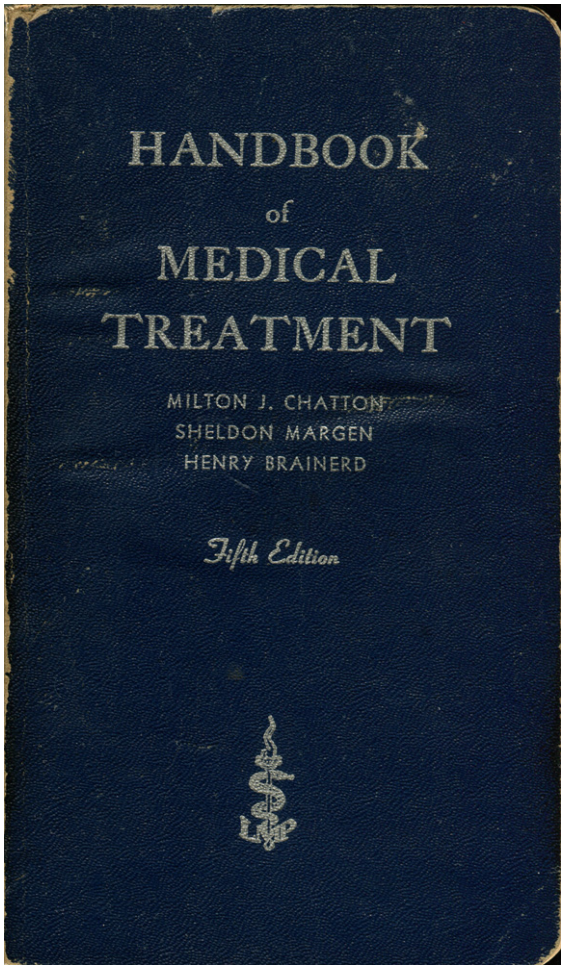
suffered 851 deaths on a single day. Entire Eskimo villages were wiped out and the casualty rate on some islands in the South Seas hit twenty percent.

In the US, 550,000 people died - nearly ten times the number lost in the war. India is thought to have lost 12.5 million. World-wide thirty million people perished.

Makeshift field hospitals were set up to deal with the vast number of sufferers

Masks were a common sight at the height of the epidemic, particularly amongst public workers

All public transport was 'fumigated' in an effort to stall the progress of the flu virus



Handbook of Medical Treatment Fifth Edition 1949, 1951, 1953, 1954, 1956

INFLUENZA (code No. 010-168)

Influenza is an acute viral infection of the respiratory tract characterized by abrupt onset of systemic and respiratory symptoms. Three antigenic strains of influenza virus exist (A, B, C). Most present infections are due to A′ strains.

In treatment, bed rest to reduce complications is the most important consideration. Analgesics and sedative cough mixture may be used. Antibiotic agents are of no value therapeutically or prophylactically and should be reserved for treatment of bacterial complications such as pneumonia.

Polyvalent influenza virus vaccine exerts moderate temporary protection. One cc. should be given subcut. shortly before or at onset of an influenza epidemic, especially to debilitated persons.

DISEASES DUE TO PROTOZOA

MALARIA

Malaria is an infectious disease which is caused by one of several species of protozoa of the genus Plasmodium. It is ordinarily transmitted only by the bite of a mosquito. There are 3 main species infecting man:

1. P. vivax (code No. 010-1571) - Causes vivax or benign tertian malaria.
2. P. malariae (code No. 010-1572) - Causes quartan malaria.
3. P. falciparum (code No. 010-1573) - Causes falciparum or estivo-autumnal malaria. Probably the most dangerous because of its tendency to cause cerebral malaria.

Diagnosis:

A. History: The disease is characterized by paroxysms of chills, followed by fever and sweating, which may occur every day (quotidian), every other day (tertian), or every third day (quartan). The presence of unexplained fever in patients in endemic areas is presumptive evidence of malaria. Specific antimalarial therapy should be used in such cases, even though organisms cannot be demonstrated. Otherwise, do not diagnose and treat for malaria unless organisms have been identified.

B. Laboratory Examination: The specific diagnosis is made by finding one or more species of Plasmodium in thin and thick stained blood smears, or bone marrow smears.

Treatment:

Modern technics of malaria therapy represent a rational approach, based upon biological concepts, to this disease. These concepts distinguish a tissue phase of each type of malaria requiring special drug therapy. The principal antimalarials and a discussion of each drug follows:

A. Specific Measures: The following is a description of the available antimalarial drugs, dosages, indications, and toxicity:

1. Chloroquine - An effective agent against all forms of malaria. *Treatment of choice for all forms of malaria during acute attack.* It will terminate P. falciparum infections and prevents relapses of vivax malaria when administered in conjunction with primaquine.
   a. Therapeutic dosage schedule -
      (1) Oral - Chloroquine Phosphate, U.S.P. (Aralen®), 1.0 Gm. (15 gr.) as initial dose, 0.5 Gm. (7 1/2 gr.) in 6 hours, and 0.5 Gm. (7 1/2 gr.) daily for the next 2 days.
      (2) Emergency treatment - Chloroquine hydrochloride, 0.2-0.3 Gm. (3-5 gr.) of base I.M., repeated in 6 hours if necessary. Follow with oral therapy as soon as possible. It is not necessary to administer this drug I.V. since an effective blood level is rapidly attained by the I.M. route.
   b. Suppressive dosage - 0.5 Gm. (7 1/2 gr.) chloroquine diphosphate weekly, taken on the same day each week.
   c. Toxicity - There are few toxic symptoms from this drug when given in the above-mentioned doses. These are mild headache, pruritus, anorexia, blurring of vision, malaise and urticaria. If symptoms become severe, stop drug and give ammonium chloride, 4.0 Gm. (60 gr.) stat. and 1.0 Gm. (15 gr.) every 4 hours; acidification promotes excretion of the drug.
2. Quinine - Oldest specific antimalarial drug. Useful in the acute attack of all types of malaria. Prior to the advent of new antimalarial agents, quinine was the drug of choice in therapy of malaria. If none of the new and more effective agents are available, quinine is still a useful antimalarial drug in arresting the acute attack.
   a. Therapeutic dosage schedule -
      (1) Quinine Sulfate, U.S.P., B.P., 0.6 Gm. (10 gr.) t.i.d. orally for 5 to 7 days.
      (2) Quinine Dihydrochloride, N.F., B.P., 0.65 Gm. (10 gr.) in normal saline, glucose-saline mixture, or plasma. Inject I.V. VERY SLOWLY (not more than 50 mg. of salt per minute); repeat in 6 hours if necessary; give no more than 3 injections in 24 hours. May also be administered by I.V. drip at the rate of 2.0 Gm. (30 gr.) in 24 hours. Follow with oral therapy as soon as possible.
   b. Suppressive dosage - Quinine sulfate, 0.3-0.6 Gm. (5-10 gr.) daily while in endemic area.
   c. Toxicity - Quinine in the above dosages may cause "cinchonism" (tinnitus, vertigo, deafness, headache and visual disturbances) in some individuals. (The drug is a far less effective therapeutic and suppressive agent than some of the newer and less toxic preparations). The possibility of blackwater fever arising during or at the cessation of therapy appears to be higher in quinine-treated cases.
3. Amodiaquin Hydrochloride, N.N.R. (Camoquin®), is closely related to chloroquine chemically and pharmacologically.
   a. Therapeutic dosage schedule - Give 0.6 Gm. (9 gr.) of

base first day and then 0.4 Gm. (6 gr.) daily for next two days.

b. Suppressive therapy 0.4 Gm. (6 gr.) of base once weekly.

c. Toxicity - Mild, similar to chloroquine.

4. Proguanil hydrochloride (Paludrine®) - Although not an effective agent for the treatment of the acute clinical attack, this is a good suppressive drug for all forms of malaria. It has a tendency to provoke resistance.

a. Suppressive therapy - 0.1 Gm. (1½ gr.) daily or, for partially immune subjects, 0.3 Gm. (5 gr.) once weekly.

b. Toxicity - Slight. Large doses cause nausea, vomiting, diarrhea and mild hematuria.

5. Primaquine Phosphate, U.S.P. - Recent work has shown this drug to be the most effective against the tissue forms of Plasmodium vivax. This drug is employed to eradicate the disease rather than to treat the clinical attack. It will prevent relapses in the majority of cases.

a. Dosage for the prevention of relapse - 26.4 mg. (15 mg. base) daily in single or divided doses for 14 days; reinforced by standard treatment with chloroquine phosphate or amodiaquin if given during an acute attack.

b. Toxicity - Closely observe patient under treatment. Severe hemolytic reactions occur in some individuals, particularly Negroes. Watch for fall of hemoglobin or reduction in red cell count.

6. Quinacrine Hydrochloride, U.S.P., Mepacrine Hydrochloride, B.P. (Atabrine®) and pyrimethamine (Daraprim®), although not recommended for the treatment of acute clinical malaria, are both effective for suppressive treatment.

a. Quinacrine hydrochloride - 0.1 Gm. (1½ gr.) daily. Begin treatment 2 weeks before entering endemic area.

b. Pyrimethamine - 25 mg. (3/8 gr.) weekly taken on the same day of each week. For children, give 12.5 mg. (3/16 gr.) weekly (may be dissolved in syrup).

B. General Measures: The nonspecific treatment of malaria is no different from that of any other acute febrile illness. Treat symptoms as they arise and institute immediate indicated medication.

MYOPATHIES

MYOTONIA

(Congenital: code No. 270-044) (Acquired: code No. 270-x20)

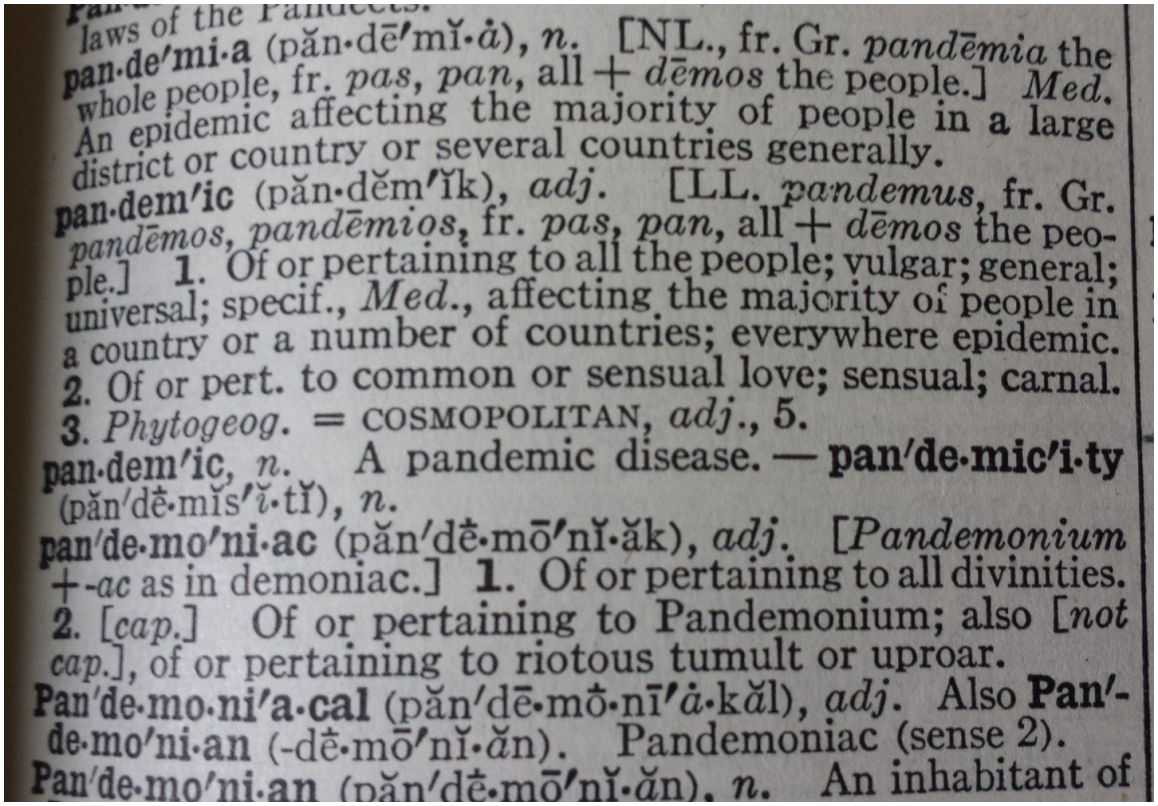
Myotonia is a disorder characterized by difficulty in relaxation of skeletal muscles following contraction, which is initiated either by voluntary effort or by mechanical or electrical stimulation. It is important to differentiate this disease from myasthenia (see below) because treatment with neostigmine or potassium aggravates myotonia.

Treatment:

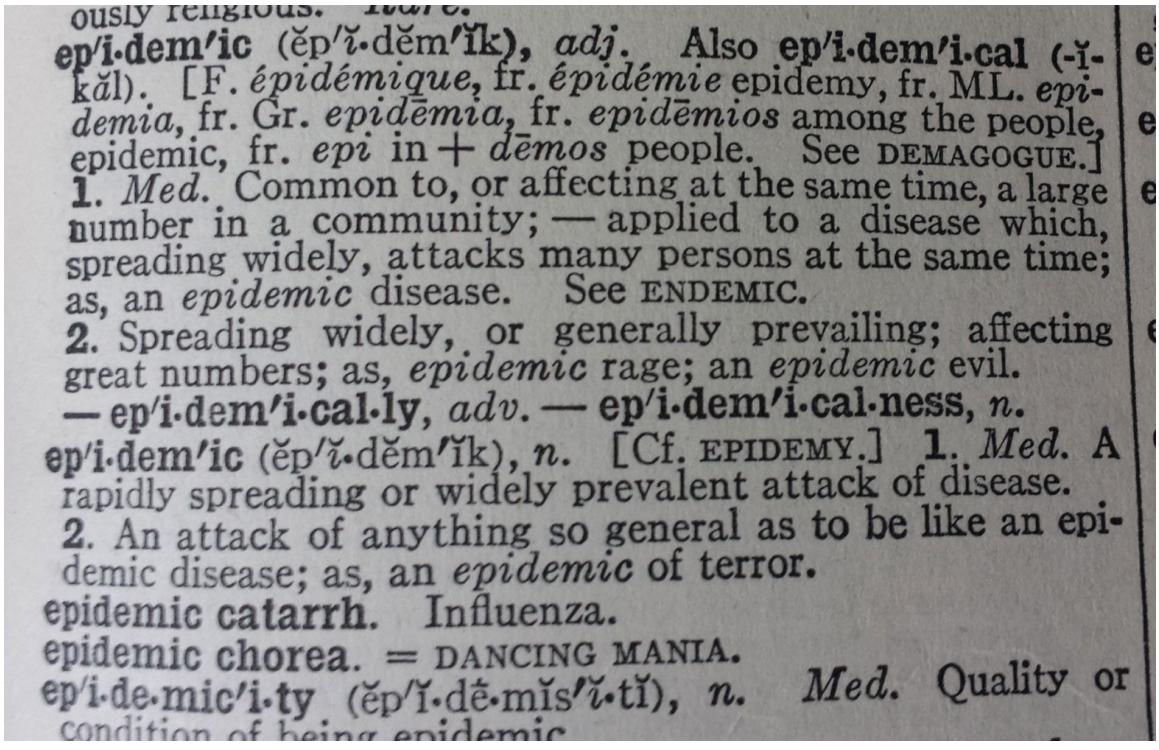
Quinine sulfate, 0.3-0.6 Gm. (5-9 gr.) 2-4 times daily, may alleviate the symptoms.

QUINIDINE AND QUININE

Quinidine is the drug of choice in the management of most cardiac arrhythmias. Quinine may be used but is only about 30% as effective as quinidine. Only quinidine will be discussed here.



laws of the Pandects.
pan·de′mi·a (păn·dē′mĭ·ȧ), *n.* [NL., fr. Gr. *pandēmia* the whole people, fr. *pas, pan,* all + *dēmos* the people.] *Med.* An epidemic affecting the majority of people in a large district or country or several countries generally.
pan·dem′ic (păn·dĕm′ĭk), *adj.* [LL. *pandemus,* fr. Gr. *pandēmos, pandēmios,* fr. *pas, pan,* all + *dēmos* the people.] **1.** Of or pertaining to all the people; vulgar; general; universal; specif., *Med.*, affecting the majority of people in a country or a number of countries; everywhere epidemic. **2.** Of or pert. to common or sensual love; sensual; carnal. **3.** *Phytogeog.* = COSMOPOLITAN, *adj.*, 5.
pan·dem′ic, *n.* A pandemic disease. — **pan′de·mic′i·ty** (păn′dē·mĭs′ĭ·tĭ), *n.*
pan′de·mo′ni·ac (păn′dē·mō′nĭ·ăk), *adj.* [*Pandemonium* + *-ac* as in demoniac.] **1.** Of or pertaining to all divinities. **2.** [*cap.*] Of or pertaining to Pandemonium; also [*not cap.*], of or pertaining to riotous tumult or uproar.
Pan′de·mo·ni′a·cal (păn′dē·mō·nī′ȧ·kăl), *adj.* Also **Pan′de·mo′ni·an** (-dē·mō′nĭ·ăn). Pandemoniac (sense 2).
Pan′de·mo′ni·an (păn′dē·mō′nĭ·ăn), *n.* An inhabitant of



ously religious.
ep′i·dem′ic (ĕp′ĭ·dĕm′ĭk), *adj.* Also **ep′i·dem′i·cal** (-ĭ·kăl). [F. *épidémique,* fr. *épidémie* epidemy, fr. ML. *epidemia,* fr. Gr. *epidēmia,* fr. *epidēmios* among the people, epidemic, fr. *epi* in + *dēmos* people. See DEMAGOGUE.] **1.** *Med.* Common to, or affecting at the same time, a large number in a community; — applied to a disease which, spreading widely, attacks many persons at the same time; as, an *epidemic* disease. See ENDEMIC. **2.** Spreading widely, or generally prevailing; affecting great numbers; as, *epidemic* rage; an *epidemic* evil. — **ep′i·dem′i·cal·ly,** *adv.* — **ep′i·dem′i·cal·ness,** *n.*
ep′i·dem′ic (ĕp′ĭ·dĕm′ĭk), *n.* [Cf. EPIDEMY.] **1.** *Med.* A rapidly spreading or widely prevalent attack of disease. **2.** An attack of anything so general as to be like an epidemic disease; as, an *epidemic* of terror.
epidemic catarrh. Influenza.
epidemic chorea. = DANCING MANIA.
ep′i·de·mic′i·ty (ĕp′ĭ·dē·mĭs′ĭ·tĭ), *n.* *Med.* Quality or condition of being epidemic.

WEBSTER'S NEW INTERNATIONAL DICTIONARY
Second Edition
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